

Wisconsin Medicaid and BadgerCare update

March 2006 • No. 2006-19

Wisconsin Medicaid and BadgerCare Information for Providers

To:
Providers Who
Submit 837P
Transactions
and CMS 1500
Claims for Dual
Eligibles
HMOs and Other
Managed Care
Programs

Modifier “CR” Accepted for Catastrophe/ Disaster-Related Crossover Claims

Effective for dates of service on and after August 21, 2005, Wisconsin Medicaid accepts modifier “CR” (Catastrophe/disaster related) on Medicare crossover claims (both 837 Health Care Claim: Professional transactions and CMS 1500 claim forms) to accommodate the emergency health care needs of dual eligibles affected by Hurricanes Katrina and Rita and other disasters. Refer to the Centers for Medicare and Medicaid Services Web site at www.cms.hhs.gov/ for more information.

Information Regarding Medicaid HMOs

This *Wisconsin Medicaid and BadgerCare Update* contains Medicaid fee-for-service policy and applies to providers of services to recipients on fee-for-service Medicaid only. For Medicaid HMO or managed care policy, contact the appropriate managed care organization. Wisconsin Medicaid HMOs are required to provide at least the same benefits as those provided under fee-for-service arrangements.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at dhfs.wisconsin.gov/medicaid/.

PHC 1250